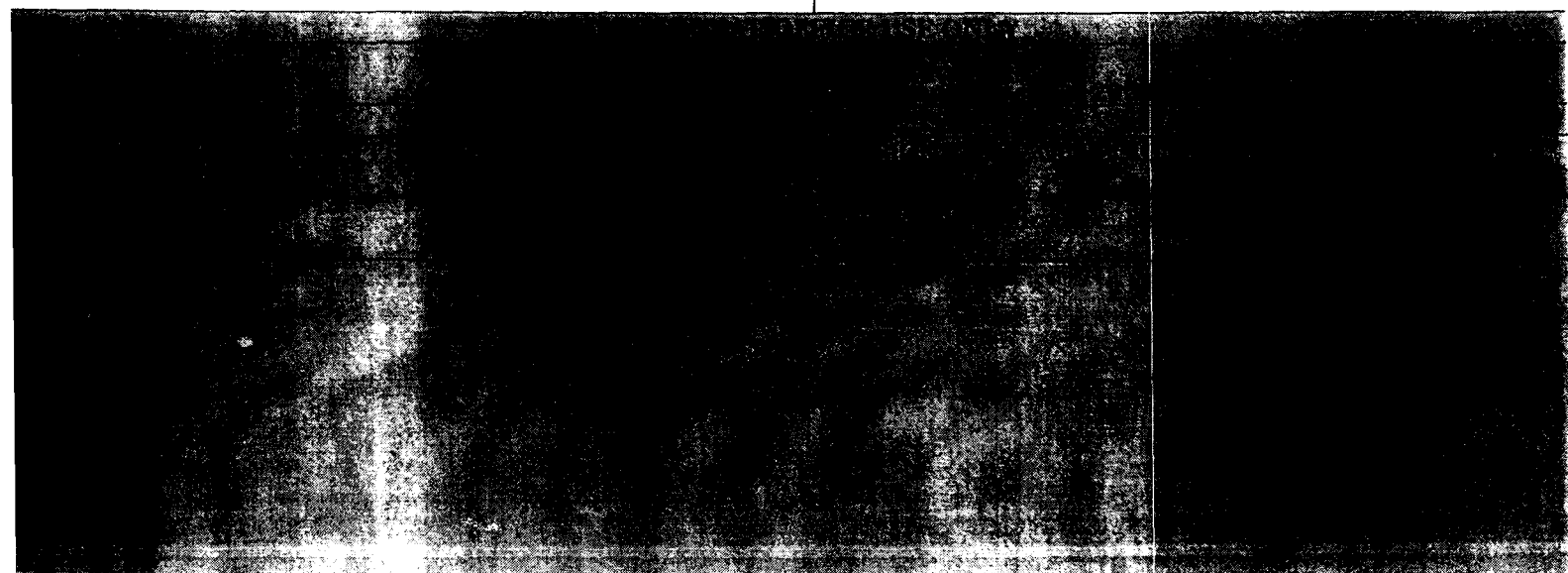


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 03-010	2. STATE MA
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 04/01/03	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. §1396r-5(f)(2)		7. FEDERAL BUDGET IMPACT: a. FFY03 \$175,000 (Savings) b. FFY04 \$350,000 (Savings)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, p. 26a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same <i>Massachusetts (03-010)</i> <i>Approved: 09/25/03</i> <i>Effective: 04/01/03</i>	
10. SUBJECT OF AMENDMENT: Financial Eligibility			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required under 42 CMR 430.12(b)(2)(ii)			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>D. S. Brown</i>		16. RETURN TO: Laura Watson State Plan Coordinator Office of the General Counsel Division of Medical Assistance 600 Washington Street Boston, MA 02111	
13. TYPED NAME: Douglas S. Brown			
14. TITLE: Acting Commissioner			
15. DATE SUBMITTED:			



State Plan under Title XIX of the Social Security Act

State: Massachusetts

Conditions and Requirements of Eligibility

Citation(s)

C. Financial Eligibility (cont.)

1924 of the Act

15. The agency complies with the provisions of section 1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

☐ the maximum standard permitted by law;

☒ the minimum standard permitted by law; or

\$___ a standard that is an amount between the minimum and the maximum